

Workplace Mental Health Project

March 25, 2021 Hearing Brief

Overview

This hearing brief provides background information to support the Mental Health Services Oversight and Accountability Commission's (Commission) March 25, 2021 public hearing on workplace mental health. First, a brief overview of workplace mental health will be described (including barriers and opportunities), followed by an overview of the Commission's Workplace Mental Health Project. Then an outline of the Commission's public hearing will be presented, along with questions for consideration by Commissioners as they prepare for and hear presentations by invited speakers. The content in this document reflects interviews and conversations with subject matter experts, employers, and other stakeholders in California and internationally.

Workplace Mental Health

The workplace is an optimal setting for prevention of mental health needs and promotion of mental wellbeing for Californians. Adults spend approximately one-third of their time working.

In best case scenarios, employers are supportive of their employees, offer settings that increase resiliency, and provide opportunities for people to feel fulfilled and thrive. A healthy workplace ensures that all workers can work in a healthy environment and can access the supports they need for mental wellbeing. Supportive work environments include role clarity, positive change management practices, reasonable workloads, opportunities for career growth, and the absence of workplace hostility. Many employers are seeking ways to increase wellbeing in the workplace.

However, for many people the workplace exists as source of stress. Burnout at work is common and often contributes to problems in the family, marriages, and health. Stress is connected to a wide variety of physical health problems, including heart disease and obesity. When the workplace is unsupportive, mental health needs may become exacerbated.

These barriers often are heightened for people of color and other minority groups. Inequities based on race, stigma, and discrimination drive continuing disparities in healthcare outcomes. Structural discrimination makes people of color less likely to receive work-based benefits or access healthcare through their employer.

Thoughtful, research-based mental health support in the workplace improves the mental wellbeing of all community members, regardless of profession or work setting. In turn, families and communities will benefit from a healthy workforce. Ensuring that all workers, regardless of race or income, can work in a healthy environment and can access the support they need matters to the wellbeing of the community.

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System Barriers

Inherent barriers deter access to solid workplace mental health practices. Below are some barriers identified by employers and employees:

- **Stigma:** Below the surface, stigma and discrimination are still rampant in society. Employers are often unfamiliar with mental health needs in the workplace, how they may manifest, and about their responsibility and resources to support employees.
- **Difficult Access to Mental Health:** When employers offer mental health benefits, there are frequently barriers to accessing care. Employers or employees may need to call many phone numbers, do a substantial amount of research, and still may not be able to access the right kind of care to meet their needs. When they do access care, co-pays and deductibles are often costly.
- **Lack of Information:** There is a lack of clarity and consistency about best practices for workplace mental health. Many employers and employees are unclear about laws and rights as they pertain to mental health in the workplace. Few models offer reliable, cost-effective solutions. Without standards or guidelines, employers are left to “reinvent the wheel”, making their way on their own.
- **Mental Health Workforce Shortage:** Like other states, California has a significant shortage of mental health providers. This affects both the public and private mental health systems. As a result, even employers who provide comprehensive mental health benefits report their employees seeking treatment experience long wait lists and a limited variety of service intensity to meet more complex needs. Time spent waiting for treatment exacerbates mental health needs.

Opportunities

Leadership

The State has an opportunity to provide leadership on workplace mental health through the development and implementation of voluntary standards. Now, more than ever, employers understand the need to support employee mental health. Employers have become increasingly focused over the past 20 years on workplace mental health. COVID-19 has further propelled the conversation around workplace mental health to the forefront of operations, while also highlighting barriers in access to care and inequities in our healthcare system and society. But employers are looking for resources to support this work. The standards provide an opportunity to offer research-based and community defined best practices to employers to bolster their workplace mental health strategies.

Leadership in workplace mental health may also include supporting peers in the workplace, policy changes and adjustment to labor law, the creation of a task force to focus on this issue,

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and leaders modeling vulnerability and sharing their own experiences with mental health. All of these opportunities can reduce stigma and discrimination about mental health.

Prevention, Increasing Access to Services and Mental Health Parity

Prevention of mental health challenges can begin in the workplace. Adults who find meaning in their work, experience healthy work environments, and have access to a full continuum of mental health supports can be healthy and thrive. All adults, including people of color, should have access to psychologically healthy work cultures and supports.

The State can play a role in addressing current shortcomings of both the public and private sectors by exploring incentives to enhance mental health benefits. In doing so, the State can explore opportunities to strengthen parity with health benefits. The State can also expand the mental health provider pipeline through incentives like the use of WET (Workforce, Education, and Training) funds or other personnel development opportunities.

Systemic opportunities to enhance mental health benefits, coverage, and improve outcomes are also possible by placing emphasis on the employer-sponsored healthcare industry. Private insurance companies offer the largest source of both physical and mental health benefits for the employed population. Employers who purchase these benefits assume a responsibility to make sure the needs of their employees are met, and their purchasing power can drive improvements in access, availability, and the quality of mental health services.

Through policies that encourage employer involvement, the State can partner with the public and private employers to improve behavioral health care benefits. This partnership may well relieve pressure from the overburdened public mental health system. Private insurance companies, propelled by California employers, can help reduce pressure of the system.

Data and Transparency

Finally, the State can use data to improve mental health care systems in the public and private sectors. For example, the Commission is in the process of linking EDD (Employee Development Department) data with mental health data to explore wage changes and impact of mental health on employment. This research can help drive policy decisions about labor and mental health practices in the workplace. Additionally, employer stakeholders have asserted that increased transparency around managed care plans (particularly process measures and outcomes) would be beneficial in decision making when purchasing mental health benefits.

Ultimately, as adults receive improved support in the workplace and have access to an array of mental health resources, and the mental health system increases its capacity, mental health in California can realize the systems change envisioned in the MHSA.

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The Workplace Mental Health Project

The Mental Health Services Act (MHSA) was established to drive transformational change of the mental health system in California. The values articulated in the Act expressed the imperative to fundamentally change how mental health needs are met and how to promote the mental wellbeing of all Californians. The Act envisions prevention and early intervention activities as essential to transformational change. While traditional mental health services provide a safety net for people with severe mental illness, the MHSA dedicates funds to preventing mental illness from becoming severe and disabling and promoting wellbeing.

To support this priority, the Commission is undertaking a project to advance support for mental health in the workplace. This project is mandated by SB 1113 (Ch.354, Statutes of 2018), which directed the Commission to explore opportunities to develop voluntary standards for workplace mental health. Recognizing that over half of all of Californians obtain health coverage for themselves and their families through their employment (2017, California Health Interview Survey), this project also furthers the Commission's emphasis on strategies to support access to high quality mental health services outside of the MediCal system. Efforts to improve access to care outside of MediCal take pressure off California's mental health safety net; and thus, can improve outcomes for all.

This project has multiple goals. While the legislation focused on development of standards for employers, the Commission anticipates many benefits of engaging stakeholders in discussions about workplace mental health. Goals for the workplace mental health project include:

- Research and disseminate information on the benefits of emphasizing workplace mental health (i.e. productivity, less absences, etc.) and learn what additional research is needed,
- Research current practices in workplace mental health and prevention opportunities that meet the needs of employers and employees and reduce racial disparities,
- Identify risk and protective factors for mental wellbeing in the workplace,
- Provide a framework to organizations for creating policies and processes to address mental health in the workplace and incorporate diversity, equity, and inclusion practices,
- Assess the utility of developing a certification/ strategy to support the adoption of the voluntary standards for workplace mental health,
- Support public and private collaboration relative to workplace mental health initiatives,
- Explore incentives for public and private organizations to prioritize and implement mental healthcare approaches in the workplace.

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Research Strategy

The Commission contracted with Carolyn Dewa, PhD from the University of California at Davis, to write a brief that provides a landscape and foundation for workplace mental health in California. It addresses the challenges and opportunities for mental health at work and includes summaries of the economic consequences of mental illness in the workplace, the research about risks in the workplace and roles of accommodations and stigma as they relate to disability prevention, and international standards and guidelines for workplace mental health.

The brief is intended to serve as a starting point, to lay the foundation, create a shared understanding of the problem, and offer possible paths forward to develop a framework or standards for workplace mental health.

Stakeholder Engagement

The Commission partnered with One Mind at Work, a non-profit focused on supporting workplace mental health and well-being, to interview employers and subject matter experts and hold virtual listening sessions to obtain input about workplace mental health barriers and opportunities. One Mind prepared a landscape analysis based on these meetings to provide discussion points during a series of public engagement activities.

On May 27, 2020 the Commission co-hosted with One Mind at Work a virtual subcommittee meeting to gather information to support the development of the Standards and communicate project progress. This meeting was held virtually due to the COVID-19 pandemic. Meeting materials are [online](#).

On December 17, 2020 the Commission held an Employer Roundtable with 12 employers. This meeting was designed to gather information about best practices, barriers and opportunities to further inform the development of the Standards. The 90-minute meeting included discussion about mental health prevention in the workplace, stigma and discrimination, challenges with access to mental health services, and opportunities to support employees at work. (A meeting summary will be available shortly.)

Commission staff have been meeting with or interviewed over 65 of employer and employee representatives from across sectors and industries about the needs and opportunities to consider in the development of Standards for workplace mental health. (Participants are listed in Appendix A.)

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Future opportunities for engagement will include public meetings with diverse mental health providers (social workers, psychologists, clinicians), diverse chambers of commerce across California, and Diversity, Equity, and Inclusion subject matter experts.

Public Hearing Outline

The public hearing at the March Commission Meeting will provide project updates, including a panel presentation from subject matter experts and lessons learned from our work with One Mind at Work. The purpose of the first public hearing is to support the Commission's understanding of challenges and opportunities related to workplace mental health. Speakers will review how the workplace affects mental health and why the workplace is a strategic environment for mental health prevention and promotion. The hearing will also begin to introduce the opportunities for the workplace to build resilience for all employees, and to increase help-seeking and access to services for those who need more support.

Considerations for Commissioners:

- How can workplace mental health strategies enhance a larger prevention and early intervention framework for mental health?
- How could the State support strategies that will increase access to care and decrease stigma given the diversity of California's employer and employee population?
- How should the State incentivize workplace mental health in grant funding, innovation priorities, and in the use of WET funds at the local level?
- What policies and practices should the State target to incentivize mental health parity and quality of care standards across the state?

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Appendix A

Project staff interviewed or held focus group discussions with representatives of the following organizations:

Labor

- ❖ California Teachers Association
- ❖ SEIU

Academia and Research

- ❖ Stanford University
- ❖ University of California at Davis
- ❖ University of California at Los Angeles
- ❖ Tufts University
- ❖ FM:3 – COVID Research

Public Employers

- ❖ California Government Operations Agency
- ❖ California Department of Human Resources
- ❖ CalPERS
- ❖ Department of Managed Care
- ❖ Department of Industrial Relations-Workers Comp
- ❖ Department of Rehabilitation
- ❖ Department of Social Services
- ❖ California Committee on Employment of People with Disabilities
- ❖ Los Angeles County Behavioral Health
- ❖ San Louis Obispo County Behavioral Health
- ❖ Madera County Behavioral Health

Retail and Hospitality

- ❖ CVS Pharmacies
- ❖ Levi's
- ❖ Mulvaney's B&L

Healthcare

- ❖ Kaiser Permanente
- ❖ Futuro Health
- ❖ Alexion
- ❖ BHS-Behavioral Health Services
- ❖ Morneau Shepell
- ❖ Cedar-Sinai Hospital
- ❖ Cardinal Health
- ❖ Johnson and Johnson
- ❖ American Ambulance
- ❖ National Alliance of Social Workers-California Chapter
- ❖ California Psychological Association

Business Groups

- ❖ Business Group on Health
- ❖ Pacific Business Group on Health
- ❖ Fresno Business Group
- ❖ California Chamber of Commerce
- ❖ California Black Chamber of Commerce

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Banking, Legal, Real Estate, Investment, and Consulting Firms

- ❖ Reed Smith LLC
- ❖ Bank of America
- ❖ Liberty Mutual
- ❖ TPG
- ❖ Ernst and Young
- ❖ Hispanic Realtors Association
- ❖ Kearney

Utilities and Engineering

- ❖ PG&E
- ❖ Northrop Grumman

Education

- ❖ California Department of Education
- ❖ Student Mental Health Workgroup
- ❖ Breaking Barriers

Commissions

- ❖ Mental Health Commission of Australia
- ❖ Mental Health Commission of Canada

Workplace Mental Health Advocacy Groups

- ❖ One Mind at Work
- ❖ Center for Workplace Mental Health
- ❖ The Steinberg Institute
- ❖ The Stability Network
- ❖ Empower Work
- ❖ Unmind
- ❖ Mind Share Partners
- ❖ HERO
- ❖ Mental Health America: Mind the Workplace
- ❖ The Kennedy Forum

Other Mental Health Advocacy

- ❖ Young Presidents Organization
- ❖ The Steve Fund

Additionally, Commission staff have interviewed all Commission contracted stakeholder groups to learn about cultural diversity in the workplace; needs and strengths that can be leveraged in workplace mental health strategies. These groups include:

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| ❖ Vision y Compromiso | ❖ VetART |
| ❖ African Communities Public Health Coalition | ❖ CALBHB/C |
| ❖ Hmong Cultural Center of Butte County | ❖ Boat People SOS |
| ❖ Healthy House within a MATCH Coalition | ❖ United Parents |
| ❖ Health Access | ❖ California Pan-Ethnic Health Network |
| | ❖ NAMI California |